

Commentary on “Cryoablation of pulmonary veins in a patient with an atrial septal occluder and atrial fibrillation: A case report”

Dear Editor,

I read with great interest the case report by Abdrakhmanov et al. titled “Cryoablation of pulmonary veins in a patient with an atrial septal occluder and atrial fibrillation” published in current issue of the journal (1). The authors are to be commended for presenting a technically sound and clinically informative case, demonstrating that cryoballoon ablation for symptomatic atrial fibrillation (AF) is feasible and safe even in the presence of a previously implanted atrial septal defect (ASD) occluder.

The challenges of transseptal access in such patients are well known, especially given the risk of occluder interference, suboptimal visualization of the interatrial septum, and potential complications.

This case reinforces the critical importance of meticulous preprocedural planning, particularly the use of cardiac computed tomography (CT) to guide transseptal puncture in anatomically challenging scenarios. The authors’ approach, including an infero-posterior puncture under fluoroscopic guidance, is especially noteworthy and yielded a successful result. The six-month arrhythmia-free outcome is encouraging and adds to the growing body of evidence supporting cryoballoon ablation in complex anatomical scenarios.

As a cardiologist, I believe this report opens the door to further questions about timing and procedural strategy in patients with both ASD and AF. Specifically, it raises the intriguing possibility of concomitant pulmonary vein isolation (PVI) and percutaneous ASD closure in selected patients. Such an approach, if proven safe and effective, could streamline care and reduce the technical barriers encountered during later interventions. Larger prospective studies would be needed to evaluate the safety, feasibility, and long-term outcomes of such a strategy.

While this case demonstrates that such an approach is not only possible but also safe, we echo the authors’ call for larger studies to confirm the reproducibility of these findings. In the interim, their report offers a practical blueprint for interventional electrophysiologists encountering similar clinical challenges.

Sincerely,

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References

1. Abdrakhmanov A, Yerkhanova Zh, Suleymen Zh, Kirkimbaeva R. Cryoablation of pulmonary veins in a patient with an atrial septal occluder and atrial fibrillation. Heart Vessels Transplant 2025; 9: doi:10.24969/hvt.2024.555

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